

MONTANA BOARD OF REAL ESTATE APPRAISERS

301 So Park Ave, 4th Floor
PO Box 200513
Helena MT 59620-0513
Phone: (406) 841-2961 Fax: (406) 841-2305
E-MAIL: dlibsdua@mt.gov
WEBSITE: <http://www.realestateappraiser.mt.gov/>

APPLICATION INSTRUCTIONS FOR RECIPROCAL LICENSE/CERTIFICATION

Montana has a reciprocal agreement with the following states:

Alabama	Arizona	California	Colorado
Idaho	Minnesota	Missouri	Nebraska
New Hampshire	North Dakota	Ohio	Oregon
South Dakota	Tennessee	Texas	Utah
Washington	Wyoming		

LICENSE/CERTIFICATION FEES:

- | | |
|---|----------|
| 1. Reciprocal License/Certification Fee | \$400.00 |
| 2. Federal Registry Fee | \$ 25.00 |

SUPPORTING DOCUMENTS:

- Reciprocal application completed
- Check or money order for fees payable to Board of Real Estate Appraisers
- Copy of your domicile state license
- An original license history or a letter of good standing from your domicile state
- Consent to service form completed
- Passport type photograph taken within the last 6 months

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APPLICATION FOR LICENSURE AS: (please check one)

☐ **ORIGINAL LICENSE** ☐ **RECIPROCAL** ☐ **TEMPORARY REGISTRATION**
(Out-of-State applicants without a reciprocal agreement)

LICENSE LEVEL REQUESTED: (please check one)

☐ **LICENSE** ☐ **RESIDENTIAL CERTIFICATION** ☐ **GENERAL CERTIFICATION**

1. FULL NAME _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. PRESENT EMPLOYER: _____
4. EMPLOYER'S ADDRESS: _____
Street or PO Box # City & State Zip Country
5. HOME ADDRESS: _____
Street or PO Box # City & State Zip Country
- PREFERRED MAILING ADDRESS: ____ Home ____ Employer
- E-MAIL ADDRESS: _____
6. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ Male ☐ Female
9. LICENSE NAME _____
(State your name, as it should appear on the license if granted)

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

10. Do you hold a license in another state as a Real Estate Appraiser? YES NO
If yes, provide the following information: ☐ ☐

License Type	State	License Number	Date Issued	Expiration Date

YOU MUST REQUEST A LICENSE VERIFICATION FROM YOUR RESIDENT STATE.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 11. Have you ever been denied the right to take this profession's licensing exam in any state?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has a licensing agency ever taken adverse or disciplinary action against your license?
If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16 th birthday. If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been charged with fraud, formally or informally, in any legal proceeding?
If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |

21. List all Real Estate Appraiser Examinations you have taken.

Date	Examination Level	Testing Organization	Results	
			Passed	Failed

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of REAL ESTATE APPRAISER.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. I pledge to comply and abide by the *Uniform Standards of Professional Appraisal Practice*. I affirm that I understand the types of misconduct for which disciplinary action may be initiated against me.

Legal Signature of Applicant

Date

Subscribed and sworn to me by this _____ day of _____, _____

At _____
City and State

Notary Public

SEAL

For the State of

My commission expires _____

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IRREVOCABLE CONSENT TO SERVICE OF PROCESS

The undersigned applicant for a license to engage in the business of a real estate appraiser in the state of Montana, being a non-resident of said state, hereby irrevocable consents that suits and actions may be commenced against _____ in any county of the state of Montana in which the plaintiff, having a cause of action or suit, may reside, and further consents that two duplicate copies of such process or pleading to the Secretary of State of the state of Montana, and further consents that such service when so made shall be taken and held in all courts to be as valid and binding upon the applicant as if in fact made upon said applicant in the state of Montana within the jurisdiction of the court in which said suit or action is filed.

Dated this _____ day of _____, _____.

Signature of Non-Resident Appraiser

State of _____) ss.

County of _____

On this _____ day of _____, _____ before

_____, a Notary Public for the state of

_____ personally appeared _____.

Known to me to be the person whose name subscribed to the within and foregoing instrument and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the notarial seal of my office the day and year in this certificate first above written.

S
E
A
L

Notary Public

State of _____

My Commission Expires _____